

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12269

State File No.

FILED APR 4 1953

318

1003

3210

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
c. LENGTH OF STAY (In this place) 2 days				d. STREET ADDRESS (If rural, give location) 4604 Westminster Place			
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				e. STREET ADDRESS (If rural, give location) 4604 Westminster Place			
3. NAME OF DECEASED (Type or Print)		a. (First) FRANCES		b. (Middle) WILCOX		c. (Last) SAUNDERS.	
4. DATE OF DEATH		(Month) MARCH		(Day) 25		(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 10, 1872		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Nebraska City, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George A. Wilcox		13b. MOTHER'S MAIDEN NAME Mary unknown		14. NAME OF HUSBAND OR WIFE Dr. Harrison J. Saunders.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Harrison J. Saunders; 4604 Westminster Pl.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis ANTECEDENT CAUSES Hyperchromic anemia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperchromic anemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2902			
22. I hereby certify that I attended the deceased from March 23, 1953 , to March 24, 1953 , that I last saw the deceased alive on March 24, 1953 , and that death occurred at 6:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Harrison J. Saunders		23b. ADDRESS Solon Cameron, M.D., 508 N. Grand Blvd., St. Louis, Mo.		23c. DATE SIGNED 3/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-25-53		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) CHICAGO, ILLINOIS	
DATE REC'D BY LOCAL REG. MAR 25 1953		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.